			Application or Docket Number									
PATENT APPLICATION F-E DETERMINATION RECORD Effective October 1, 2000 0 9736495												
		CLAIMS A	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			31					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			3 / minus 20=		• 11			X\$ 9=		OR	X\$18=	198
INDEPENDENT CLAIMS			/		. 9			X40=		OR	X80=	120
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1,,28	
CLAIMS AS AMENDED - PART !!									•	,	OTHER	
(Column 1) CLAIMS				(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	ENTITY
AMENCMENTA		REMAINING AFTER AMENDMENT.		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	h	RATE	ADDI- TIONAL FEE
	Total	.36	Minus	<u>" 3</u>	3/	=5		X\$ 9=		OR	X\$18=	90.00
	Independent	· /3	Minus ,	··· /o	2 .	= /		X40=		OR	X80=	8/200
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	7	OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	176.00
	(Column 1) (Column 2) (Column 3)											
AMENDMENT B	· · · · · · · · · · · · · · · · · · ·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 44	Minus	2	slo_	= 8		X\$ 9=		OR	x\$18=	400,00
	Independent	. 12	Minus	/	2	=		X40=		OR	X80=	100
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!	+135=		OR	+270=	DD
							L	TOTAL			TOTAL	• • •
(Column 1) (Column 2) (Column 3)								ADDIT. FEE	_		ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	╽┟	X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					 			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+2 ^{-,} 0=	
••	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT, FEE	
		ber Previously Pai					r four	nd in the app	ropriale box	in col	umn 1,	